



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

INFORMATIONAL LETTER NO. 943

DATE: September 22, 2010

TO: Iowa Medicaid Physician, Dentist, Advanced Registered Nurse Practitioner, Therapeutically Certified Optometrist, Podiatrist, Pharmacy, Home Health Agency, Rural Health Clinic, Clinic, Skilled Nursing Facility, Intermediate Care Facility, Community MH, Family Planning, Residential Care Facility, ICF MR State and Community Based ICF/MR Providers

FROM: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: Iowa Medicaid Pharmacy Program Changes

EFFECTIVE: October 18, 2010

1. Changes to the Preferred Drug List (PDL)¹ Effective October 18, 2010

<u>Preferred</u>	<u>Non-Preferred</u>	<u>Recommended</u>
Bupropion SR 100mg	Actoplus Met [®] XR	Votrient [™]
Clarithromycin 125mg/5cc Suspension	Acular [®]	Wilate [®]
Clarithromycin 250mg/5cc Suspension	Acular LS [®]	Zortress [®]
Clarithromycin 250mg Tablets	Adapalene Cream & Gel ¹	
Deferoxamine	Alprazolam ODT ¹	
Diclofenac Ophthalmic Solution	Amoxicillin / Clavulanate K ER Tabs ¹	
Fanapt [™]	Ampyra [®]	
Invega [®] Sustenna [®]	Apidra [®] SoloSTAR ^{®1}	
Ketorolac 0.4% Ophthalmic Solution	Aplenzin ^{™1}	
Ketorolac 0.5% Ophthalmic Solution	Azelastine Spray ¹	
Naratriptan ¹	Aztreonam Injection	
Nicotine 2mg Lozenge (OTC) ¹	Biaxin [®] 125mg/5ml Suspension	
Nicotine 4mg Lozenge (OTC) ¹	Biaxin [®] XL	
Nutropin AQ [®] NuSpin ^{™1}	Biaxin [®] XL Pac	
Oxybutynin ER ³	Buprenorphine Sublingual Tabs ¹	
Prolastin [®] -C ¹	Buprenorphine Injection ¹	
Saphris ^{®4}	Cayston [®]	
Tamsulosin	Cefditoren	
Valturna [®]	Cefepime	
Zenpep ^{®1}	Desferal [®]	
	Dexilant ^{™1}	
	Differin [®] Lotion ¹	
	Ditropan XL [®]	
	Dronabinol	
	Exalgo [™]	
	Famotidine Suspension	

	Fluoxetine 90mg ¹	
	Gammaflex [®]	
	Imiquimod	
	Jalyn [™]	
	Losartan ¹	
	Losartan / HCT ¹	
	Lysteda [™]	
	Magnacet ^{™1}	
	Marinol [®]	
	Metaxalone ¹	
	Methamphetamine ¹	
	Mirapex [®] ER ^{™1}	
	Moxatag ^{™1}	
	Nisoldipine	
	Nisoldipine ER	
	Nitromist [™]	
	Oravig ^{™1}	
	Pancreaze ^{™1}	
	Pennsaid ^{®1}	
	Prevacid [®] SoluTab ^{™1}	
	Rybix [™] ODT ¹	
	Sular [®] CR	
	Tegretol [®] XR ^{1,2}	
	Temazepam 7.5mg ¹	
	Tirosint [®]	
	Tobramycin/Dexamethasone Ophthalmic Suspension	
	Trandolapril/Verapamil	
	Vimovo ^{™1}	
	Victoza ^{®1}	
	Voltaren Ophthalmic [®] Solution	
	Wellbutrin SR [®] (all strengths)	
	Zyclara [™]	
	Zymaxid [™]	

¹Clinical PA Criteria Apply

² Grandfather Existing Users for Seizure Disorder

³ Preferred for patients less than 13 years of age

⁴ POS Duplicate Therapy Edit

2. Synagis[®] Coverage 2010-11 RSV Season

Prior authorization requests for Synagis[®] may now be submitted to the Iowa Medicaid Pharmacy Prior Authorization Unit. Approved Synagis[®] prior authorizations will have a start date of **November 15, 2010**. Prior authorizations will be approved for a **maximum of five doses per member**. No allowances will be made for a sixth dose. Please refer to the Palivizumab (Synagis[®]) Prior Authorization criteria and form located at www.iowamedicaidpdl.com.

3. **Specialty Drug List:** Several additions to the Specialty Drug List will be effective October 18, 2010. Please refer to the complete Specialty Drug List located at www.iowamedicaidpdl.com under the heading, Specialty Drug List.
4. **OTC Drug Payable List:** Please refer to the OTC Payable List by NDC located at www.iowamedicaidpdl.com for a complete listing of payable NDCs for OTC drugs covered by Iowa Medicaid.
- Additions to the OTC Drug List: Effective October 1, 2010, the following drugs with the listed MAC, will be added to the list of OTC payable drugs by Iowa Medicaid:
 - i. Nicotine 2mg Lozenge PA required \$0.547/tablet
 - ii. Nicotine 4mg Lozenge PA required \$0.547/tablet

5. **Point of Sale (POS) Billing Issues:**

- a) **ProDUR Quantity Limits:** The following quantity limit edits will be implemented effective October 18, 2010. A comprehensive list of all quantity limit edits appears on our website, www.iowamedicaidpdl.com under the heading, “Quantity Limits”.

Drug Product	Quantity	Days Supply	Comments
Ampyra [®] 10mg	60	30	
Aricept [®] 23mg	30	30	
Fanapt [™] 1mg	60	30	
Fanapt [™] 2mg	60	30	
Fanapt [™] 4mg	60	30	
Fanapt [™] 6mg	60	30	
Fanapt [™] 8mg	60	30	
Fanapt [™] 10mg	60	30	
Fanapt [™] 12mg	60	30	
Invega [®] Sustenna [®] 39mg	1 syringe	30	
Invega [®] Sustenna [®] 78mg	1 syringe	30	
Invega [®] Sustenna [®] 117mg	1 syringe	30	
Invega [®] Sustenna [®] 156mg	1 syringe	30	
Invega [®] Sustenna [®] 234mg	1 syringe	30	
Risperdal [®] Consta [®]	2 syringes	30	
Saphris [®] 5mg	60	30	
Saphris [®] 10mg	60	30	
Seroquel [®] 25mg	90	30	
Seroquel [®] 50mg	90	30	
Seroquel [®] 100mg	90	30	
Seroquel [®] 200mg	90	30	
Seroquel [®] 300mg	60	30	
Seroquel [®] 400mg	60	30	
tamsulosin 0.4mg	60	30	
Valturna [®] 150-160mg	30	30	
Valturna [®] 300-320mg	30	30	

- b). **Proper Billing of Synagis[®] and flu vaccines:** As a reminder, Synagis[®] 50mg Injection and all flu vaccine injections should be billed as 0.5ml.

6. **Removal of Active Pharmaceutical Ingredients (APIs) and Excipients as Covered Outpatient Drugs:** CMS has indicated that APIs do not meet the definition of covered outpatient drugs and excipient products are non-drug products. Therefore, APIs and excipients will no longer be payable by the Iowa Medicaid outpatient pharmacy program effective January 1, 2011. Please refer to State Release 155 available on the website for further information. CMS will notify Iowa Medicaid as these deletions occur. These notifications will be posted to the website www.iowamedicaidpdl.com under the CMS Updates/FDA Updates tab as they become available. Iowa Medicaid is in the process of reviewing continued coverage of these items and the billing process, if coverage continues. Updates will be provided in future Informational Letters.
7. **Preferred Brand Name Drugs on the PDL-Pharmacy Clarification**
- When a status change occurs for a previously preferred brand name drug to non-preferred status, up to a *minimum* of 30 days transition period is given to pharmacies to help utilize existing brand name product in stock in an effort to decrease a pharmacy's remaining brand name drug inventory (see PDL comment section regarding transition periods exceeding 30 days).
 - If additional stock remains beyond this time period, pharmacies may call the POS Helpdesk at 877-463-7671 or 515-256-4608 (local) to request an override for the non-preferred brand name drug with a recent status change.
8. **DUR Update:** The latest issue of the Drug Utilization Review (DUR) Digest is located at the Iowa DUR website, www.iadur.org, under the "Newsletters" link.

We would encourage providers to go to the website at www.iowamedicaidpdl.com to view all recent changes to the PDL. If you have questions, please contact the Pharmacy Prior Authorization Helpdesk at 877-776-1567 or 515-256-4607 (local in Des Moines) or e-mail info@iowamedicaidpdl.com.